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ABSTRACT

In this annotated bibliography of 11 publications, 4 concern student suicide: (1) the role of the school in dealing with adolescent suicide; (2) a handbook for preventing suicide that includes warning signs and suggestions to help with the grieving process when a student suicide occurs; (3) guidelines for high school suicide prevention programs; and (4) suicide in middle-level schools. Of the four annotations concerning drug abuse in schools, three describe drug free schools, two in Oregon, and one in New York. The fourth citation is a legal memorandum on drug testing. The effect that the acquired immune deficiency syndrome (AIDS) has on the schools is the topic of three publications. The first deals with legal issues concerning AIDS and school. Two concentrate on teaching about AIDS: how to inform student of the ways that the virus can be transmitted so they can avoid contracting AIDS; and and how to incorporate AIDS education into the curriculum. (MLF)

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Number 95, October 1988

The Best of ERIC presents annotations of ERIC literature on important topics in educational management.

The selections are intended to give educators easy access to the most significant and useful information available from ERIC. Because of space limitations, the items listed should be viewed as representative, rather than exhaustive, of literature meeting those criteria.

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ERIC Clearinghouse on Educational Management
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AIDS, Suicide, Drugs

1

Cochran, Kent S., and A. Lynn Turner. *Adolescent Suicide and the Role of the School as Seen by Secondary School Principals.* Research Monograph. Commerce, Texas: East Texas School Study Council, 1986. 54 pages. ED number not yet assigned.

"Because most students spend more time with school personnel than they do with their parents," teachers and administrators play an important role in suicide prevention, say Cochran and Turner. Their monograph reviews literature on the history of attitudes toward suicide, theories about the causes of suicide, the incidence of suicide, characteristics of suicidal youth, disclosing signs, and the role of the school.

To find out how secondary school principals view the role of the school in dealing with adolescent suicide, the authors sent a questionnaire to 193 principals in the East Texas School Study Council. The primary component needed for a suicide prevention program, said the principals, is inservice training for school personnel dealing with the identification of high-risk students. However, such training was implemented in fewer than half of the schools.

To identify high-risk students, over 65 percent of the schools rely on the observation of student behaviors by counselors, teachers, and principals. When a high-risk student is identified, the counselor is considered the most important official in the school to be notified. Many followup actions were determined to be important to principals; notification of the parents was the most important, followed by counselling privately with the student. After a student suicide occurs, "the counselor was again seen as the key person to be involved."

Respondents said the topics that should be included in a suicide training program for principals are (from most to least important) warning signs, development of school procedures, referral procedures, curriculum development dealing with stress management and suicide, information about agencies that deal with adolescent suicide, development of school-level policy, formation of a "Care Team," formation of a "Newcomers" program, and grief counseling procedures.

In schools where there had been a serious suicide attempt, the principals placed more importance on the components of a suicide program, including student curriculum that addresses stress management, distribution of materials on the signs of suicide, inservice training to identify high-risk students, a referral process for high-risk students, and the formation of a "Care Team." Principals of schools that included middle/junior high students and principals of the larger schools stressed, more so than did principals of other schools, the importance of reporting high-risk students to a designated teacher and school nurse.

2

Dempsey, Richard A. *The Trauma of Adolescent Suicide: A Time for Special Leadership by Principals.* Reston, Virginia: National Association of Secondary School Principals, 1986. 25 pages. ED 276 130.

The major causes of suicide are depression and the loss of a parent, Dempsey says, in this insightful and practical handbook. The warning signs are (1) direct and indirect statements related to loneliness, hopelessness, helplessness, and death; (2) behavioral clues, such as giving away possessions or abrupt changes in mood; and (3) situational clues, such as a setback that may appear overwhelming to the teenager. When school personnel observe these warning signs, they must not treat them casually. The student needs "the immediate attention of a caring, trusting person who can draw out the student" and assess the risk that the student will attempt suicide. Dempsey suggests some questions that can be asked to assess this risk and includes information on the myths about suicide.

Each school, Dempsey says, should have both a Crisis Resource Team to deal with crises in the school setting and an Adolescent Study Team (AST), which identifies high-risk students and plans ways to help them. In addition, all teachers should receive training about depression and suicide, and parents should receive information on warning signs. Topics on mental health and suicide should be included in the students' health classes. Students can aid one another through a peer helping program.

When a student suicide occurs, it should not be ignored, romanticized, or sensationalized. The principal should meet with the staff to inform them of the facts and describe the day's agenda. Teachers should relate the facts to the students, rather than allow rumors to circulate. Only one spokesperson should communicate with the press. A psychiatrist or other outside expert can be invited to the school to meet with friends of the suicide victim, parents, and faculty members. A crisis center can be established in the guidance office for those that need help. Dempsey offers other suggestions to help with the grieving process and return the school to normal as soon as possible.

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3 Flood, Deane H., and Ellen R. Morehouse. "The Principal's Role in Preventing and Reducing Student Substance Abuse." *NASSP Bulletin* 70, 487 (February 1986): 10-15. EJ 333 024.

Flood and Morehouse describe the components of the Student Assistance Program, which has combatted drug and alcohol abuse in Westchester County, New York. The program—a partnership between the high schools and the county's Department of Community Mental Health—involves professional counselors whose only role is substance abuse prevention and intervention. Each high school principal is strongly involved in the program by selecting the counselor; by orienting the counselor to the school's staff, parents, and community; and by providing visible support for the counselor's role.

The Student Assistance Program is prevention-oriented. Students can be referred to the counselor when a school staff member suspects that the student uses drugs or alcohol or appears to have other problems. Students can also seek the help of the counselor for themselves or their friends. If a student's drug/alcohol problem becomes overt, the student is required to see the counselor for at least three sessions. When counseling fails, the principal confronts the student in an "intervention conference" and tries to convince the parents that the child's education has been interrupted by this problem and that outside treatment is required. The principal can also use legal and disciplinary measures.

Principals, say the authors, should also establish a school climate that resists alcohol and drug abuse, such as by refusing to sponsor school events that have traditionally been associated with drug and alcohol problems.

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4 Fox, S. Lynn, and others. *Planning Model for Successful Drug-Free Schools.* Portland, Oregon: Northwest Regional Educational Laboratory, October 1987. 14 pages. ED 290 105.

"The process of planning for drug-free schools will require the school to identify a team of committed and interested staff" who are "joined by representatives from the community," state Fox and her colleagues. This "school team" ensures that school activities are appropriate and integrated with community activities.

The authors have developed a five-phase planning model. In phase I, the school team determines the nature and scope of the alcohol/drug problem in the schools and summarizes the data into problem statements that they then prioritize. The team plans the implementation in phase II by setting clearly defined goals and objectives, committing school and community resources, and assigning roles and responsibilities.

The actual implementation of the school programs occurs in phase III. The four types of programs and their corresponding messages are prevention ("Don't start"), early intervention ("Stop now"), referral ("If you have a problem, we can help"), and aftercare ("We want you back whole"). Prevention programs include the implementation of a comprehensive curriculum starting in the early grades and awareness training of all school personnel. Intervention involves the identification of high-risk students and counseling. If troubling behavior continues, the student is referred to a community agency for treatment. Following treatment, support groups help the students.

Evaluation and refinement of the school programs occur in phase IV. In phase V, information on the progress made, including the programs' successes and failures, is shared with other districts.

5 Hartog-Rapp, Fay. "AIDS: Is Any Risk Too Great? The 1987 Perspective." Paper presented at the National Council of School Attorneys' School Law Seminar, San Francisco, April 3, 1987. 39 pages. ED 290 204.

Legal issues concerning AIDS and schools are the subject of this paper by Hartog-Rapp. In many states, she reports, AIDS victims are covered by statutes that protect the rights of the handicapped. In a case that involved the termination of a teacher who had tuberculosis, the Supreme Court ruled that the teacher was a handicapped person covered by the Rehabilitation Act of 1973, since there was "a physical or mental impairment which substantially limits one or more of such person's major life activities." Victims of other contagious diseases, such as AIDS, may also be protected by the act. However, the court ruled that only a person who is both handicapped and "otherwise qualified" for the position would be eligible for relief under the act. If the person poses a significant risk of communicating an infectious disease to others in the workplace and reasonable accommodation will not eliminate that risk, the person would not be considered "otherwise qualified."

The Supreme Court did not determine whether people that have no physical impairment but are carriers of the disease would be considered handicapped under the Rehabilitation Act. Although the U.S. Department of Justice says that these carriers should not be considered handicapped, lower court cases have ruled that employers cannot refuse to hire a person on account of the person's potential future inability to perform the job, the possible increased medical costs, or the possible injury to the person by performing the job.

Several court cases have involved students with AIDS. Both a California and a New York court upheld the right of a student with AIDS to attend school.

There are conflicting laws about an AIDS victim's right to con-

fidentiality and the school staff's right to know about hazards in the workplace. If an employee is required by the school to submit to an AIDS blood test, the school could be charged with libel or slander. If the person was found to have AIDS, he or she would then be considered handicapped; if the person was not informed of a positive test result, the school could be found negligent.

6 **Leatt, Desmond J.** *Schools Against Drugs: The Impact Program at Newberg School District*. OSSC Bulletin Series. Eugene, Oregon: Oregon School Study Council, January 1987. 31 pages. ED 278 109.

In the Impact substance abuse program in the Newberg (Oregon) School District, all school personnel are involved in helping to assist students who display signs that could indicate substance abuse. Nearly thirty of the school's staff members have been trained in aspects of drug abuse prevention at the Care Unit Hospital in Portland.

If a teacher suspects that a student may have a substance abuse problem, he or she fills out a referral form that lists a variety of behaviors and physical symptoms. These referral forms are reviewed weekly by Impact team leaders. If further observations are needed, similar forms are sent to all the student's teachers. If the evidence is indicative of substance abuse, the next step is an interview with the family.

Team members ask the parents whether similar behaviors have been observed at home, and if so, suggest that the parents take their child to a substance abuse treatment agency for an assessment and treatment. When a student is found in possession or under the influence of drugs or alcohol at school, the student must get treatment or face expulsion.

Following treatment, students return to school and may attend a class called Personal Development Support Group. This class, meeting first period every day, is taught by two Impact-trained teachers. Students receive credit for the class.

The school district's curriculum is prevention-oriented and includes a systematic plan for all grade levels. Drug education is in the health program in grades K-5, in the science curriculum in grades 6 and 7, and in the social studies curriculum in grade 8. In high school, drug education is more flexible and is covered in health courses and in physical education classes.

7 **Lennox, Carolyn Evans**. "Guidelines for High School Suicide Prevention Programs." Paper compiled as part of doctoral program at East Texas State University, January 30, 1987. 35 pages. ED 290 099.

Lennox asked seventy-one professionals with expertise in suicide prevention for their recommendations for high school suicide prevention programs. Then she compiled the lists of topics these experts said should be included in the suicide awareness curriculum, life stress/life skills curriculum, and policies and procedures in the high school.

Her informants stressed that "suicide prevention should be integrated into a comprehensive program which promotes the physical and emotional wellness of students." Topics in the life stress/life skills curriculum include adolescence as a transition period, peer relationships, loneliness, stressful family situations, esteem-building and problem-solving skills, and coping strategies.

Most of the suggested topics in the suicide awareness curriculum for students, parents, teachers, and counselors are the same. These include facts and myths about suicide, the association with depression, signs of depression, crisis intervention techniques, available community resources that can help, and caring about others when they need help. In addition, teachers and counselors should be given statistics on teenage suicide and suicide attempts at the local as well as state and national levels, information on the warning signs observable in the classroom, and the school's policy and procedures.

"Groups for teens led by professionals, dealing with specific issues such as teen pregnancy, chemical abuse, step families, or loss of a parent, should be available." Students who see the nurse frequently, are truant, are referred for abuse or neglect, or are treated as scapegoats by others should be screened for suicidal tendencies.

The recommendations for school policy and procedures for dealing with a suicidal student include having a qualified person do a suicide lethality assessment, protecting the student from public prying, referring the student to therapists or agencies qualified to deal with suicidal adolescents, and following up to ensure that the student or family gets needed help. After a suicide, structure should be maintained to prevent panic among students. Counseling should be provided, especially to students who were friends of the victim or talked with the victim prior to the suicide.

8 **National Association of Secondary School Principals.** *A Legal Memorandum: Drug Testing*. Reston, Virginia: NASSP, October 1987. 9 pages. ED 288 263.

Before instituting drug testing in the schools, principals would be wise to consider the legal implications, as spelled out in this publication by NASSP.

Courts have struck down blanket and random testing of teachers and students. School officials must have a "reasonable suspicion" before they require a teacher or student to be tested for drugs.

The issues of privacy rights and search and seizure were addressed in a case in New York where the court struck down the blanket testing of all probationary teachers as a condition of obtaining tenure. A New Jersey court examined the nature of a school employee's duties when ruling whether drug testing may be automatically required.

Drug testing in conjunction with a routine physical exam of students was struck down even though the purpose was to identify physical defects; the court ruled that the testing violated due process since the discovery of any drug use would have required the school to take disciplinary action against the student. Blanket or random drug testing of students who join interscholastic athletic teams may be permitted if the tests are conducted for safety reasons.

Problems with the drug tests may complicate any resulting court case. Urinalysis is fairly accurate; to limit false positives, a followup test using another technique is recommended. The "chain of custody" of urine specimens must be controlled to prevent accidental mixups or the intentional exchange of specimens. Because the test only indicates the presence of chemical substances that may have entered the body a number of days previously, it cannot show that the drug was used in the school. It is unknown whether courts would consider drug use "as a handicapping condition under the terms of the Handicapped Act of 1973 or P.L. 94-142, the Education for All Handicapped Children Act."

9 **Strouse, Joan H., and John P. Phillips**. "Teaching about AIDS: A Challenge to Educators." *Educational Leadership* 44, 7 (April 1987): 76-80. EJ 353 832.

As was the case with the polio epidemic in the 1940s and 1950s, communicating the facts to the public will do much to disarm the hysteria about AIDS, claim Strouse and Phillips. "The only socially responsible position for educators to take is to become leaders in disseminating accurate information about AIDS."

Casual transmission of the HTLV-II/LAV virus, the cause of AIDS, does not occur. The "populations at risk for acquiring AIDS are recipients of blood transfusions, intravenous drug abusers,

homosexual men, and newborns of infected mothers." Students should be informed of the ways that the virus can be transmitted so they can avoid contracting AIDS.

Guidelines released by the Center for Disease Control "state that children with AIDS should be educated in an unrestricted environment, unless the child is a preschooler or neurologically handicapped and likely to bite or lose control of bodily functions." They "also recommend that a minimum number of people be told of a child's AIDS diagnosis, that screening blood tests for AIDS not be required for school entry, and that routine procedures for handling blood and body fluid spills be adopted."

10

Toepfer, Conrad F., Jr. "Suicide in Middle Level Schools: Implications for Principals." *NASSP Bulletin* 70, 487 (February 1986): 55-60. EJ 333 033.

We must be careful that when we try to improve academic achievement, "we do not overchallenge large numbers of children prematurely and drive them into frustration, depression, and tragedy," Toepfer warns. Also, the early "physical maturation of today's middle level students has not been parallelled by similar social and emotional maturation." Education must address the wholeness of the developmental needs of these students, including how to deal with stress.

Toepfer includes a list of sixteen behaviors that can indicate a possible suicide danger. These behaviors include a loss of interest in school or other activities, change in habits, radical mood swings, violent or rebellious behavior, separation from friends, and a sense of personal failure.

The principal can provide leadership by raising local awareness of the suicide problem, identifying the scope of the problem, networking with other concerned professionals and parents, and developing methods to address the problem. These methods can include curriculum development, identification of students with problems, and communication with affected families. Getting students to appropriate sources of help may "alleviate a problem before it becomes tragic."

11

Yarber, William L. *AIDS Education: Curriculum and Health Policy.* Fastback 265. Bloomington, Indiana: Phi Delta Kappa Educational Foundation, 1987. 60 pages. ED 288 876.

Because AIDS is a public health issue, Yarber reasons, AIDS education could logically be part of the communicable disease unit in a health course. It can also be incorporated into a course on human sexuality, although, in many schools, sex education is controversial.

Educational materials about AIDS should be designed to influence voluntary adoption of health-conducive behaviors, he advises. Major topics should include the seriousness of the AIDS problem, the cause of AIDS, how an AIDS virus infection differs from having AIDS, how the virus is and is not transmitted, risk reduction, symptoms of infection, and how to test for infection. The material does not need to include "a lot of biomedical information, such as how the AIDS virus breaks down the immune system," since "such information is not necessary for students to understand how to avoid infection." Students should be encouraged to call the local AIDS Hotline, if there is one, or the AIDS National Hotline (1-800-342-AIDS) if they have additional questions. Yarber includes a list of resource material in the appendix.

Because the virus is not spread through casual contact, school employees should not be subjected to any adverse action solely because they have AIDS or the AIDS virus. Also, students with the AIDS virus should be permitted to attend school. If a child has a damaged immune system, there is the risk of infection from such diseases as chicken pox. "Arrangements should be made between the child's physician, the parents, school officials, and the school nurse regarding the types and degrees of illnesses that would have to be present in the school to necessitate sending the child home," Yarber states.

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